California State Journal of Medicine

OWNED AND PUBLISHED MONTHLY BY THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA

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BUTLER BUILDING, 135 STOCKTON STREET, SAN FRANCISCO

EDITOR AND SECRETARY - - - - - - - - W. E. MUSGRAVE, M. D.

MANAGING EDITOR - - - - - - - - - CELESTINE J. SULLIVAN

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VOL. XX JANUARY, 1922 NO. 1

EDITORIALS

THE NEW YEAR

Our successes and failures of 1921 as individuals and as organizations, whatever they may be, are history, and we stand upon the threshhold of a New Year. During the coming year, the State Medical Society ought to make a great deal of progress in the advancement of the cause of better medicine. As an organization we will be successful exactly in proportion as we are able to secure the co-operation and support of individual members. We ask and urge that every member of the State Society give something of his time and of his means toward the betterment of his own organization.

Members are asked to bear in mind particularly that continuity of medical and indemnity defense protection and continuity of membership requires that the 1922 dues be paid on or before March 1, 1922.

County secretaries are urged to mail promptly before the 10th of each month their monthly reports to the State Society. The splendid co-operation of many secretaries in this respect is reflected in the county news columns of the JOURNAL. Some secretaries have not yet established the habit of completing and forwarding these reports and in consequence their societies and their members do not receive published credit the JOURNAL is willing and anxious to give them.

County secretaries are also requested and urged to familiarize themselves with the proceedings of the semi-annual conference of state and county officers held in San Francisco September 24, 1921, and published in the November number of the JOURNAL.

County secretaries are also requested, at the earliest possible moment, to furnish names of the officers of their societies for 1922, including the council and including particularly and specifically the names and addresses of delegates and alternates to the State meeting.

Officers in particular and members in general of local societies could render material assistance to their own organizations and the state organization by accepting suggestions contained in the JOURNAL and obviating the necessity of time and expense in more direct and more personal communications. Co-operation in this feature of our work is urgently requested of all and particularly of all secretaries.

The secretary of the State Society wishes every member of the organization a Happy New Year, and asks as one of our New Year resolutions that we all make a special effort to do everything in our power to advance the cause of better medicine during the coming year.

THE PHYSICIAN'S FAMILY

The conscientious physician devotes his time and thought to one thing—his profession. He has little time to study investments and the accumulation of wealth, and too often pays, and pays heavily, for his enforced lack of business training.

But more than that—his family pays. Accustomed to that standard of living demanded by his profession, they are poorly fitted to carry on in the event of his untimely death.

When a merchant, manufacturer, farmer or other person whose life has been devoted to personal interests dies he usually leaves that which has a realizable cash value—either ownership of a business or an interest in it. In either case an income is available for his family.

But when the physician passes away, usually he leaves a few books and instruments, with perhaps some bills receivable and possibly a good-will that has little money value.

Death ends all, so far as the family's income from his profession is concerned; and frequently old age or earlier physical impairment, or mental exhaustion, ends his earning power and puts him and his family into a hard predicament.

There is no class by whom the help of life insurance is more urgently needed than by men of the medical profession. No other thing can take its place—no other investment can be made that will, even in a small measure, operate as a substitute for the earning capacity of the medical man after his passing.

Is your family amply protected? Or have you been lulled to a false sense of security?

Arrange your family's welfare *while you can.* Any substantial life insurance company will advise you wisely.

who studied 374 cases with 138 necropsies, the positive Von Pirquet has a great diagnostic value, "but the presence of a negative Von Pirquet in no way rules out the diagnosis in a child under two years of age."

DURATION AND PROGNOSIS

The duration of tuberculosis acquired during the first year of life is very short, but few infants reach the fifteenth month. Dunn [8] and Fischberg,[9] however, believe that if the condition remains primary—that is, with the Von Pirquet, the sign of D'Espine and the roentgenogram—any one or all of these as the only signs of tuberculosis—calcification and cicatrization may occur. As evidence they have autopsies of infants who have died of intercurrent diseases. Schlossmann [10] holds that in tubreculoscis of infancy there is no trend toward calcification. "Indeed there is not a positive instance where a tendency toward limitation of the disease was observed." Geipel [5] believes that the mortality is 100 per cent. It would seem then, that the duration of the disease depends on the infant's native defense, the number of primary foci, and the virulence of the infecting organism. And as, in the first months of life there is rarely any attempt toward the latent inactive state of later life, the prognosis is bad.

The above case is reported because in the opinion of the many clinicians who observed its progress, it was an unusual example of the adult type of tuberculosis occurring in infancy.

Literature

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4. Ghon—Der primäre Lungenherd, Wien. 1912.
5. Geipel, P.—Zeitschr, f. Hyg., 53, 1, 1906.
6. Opie—J. Exp. Med., 26, 263, 1917.
7. Von Pirquet—In Klebs' Pulmonary Tuberculosis, 1909.
8. Dunn & Cohen—Am. J. Dis. Child., 21:187 (Feb.) 1921.
9. Fischberg—Pulmonary Tuberculosis, second edition, 1919.
10. Schlossman—Pfaundler and Schlossman's Diseases of Children, vol. il, second edition, 1912.

NOTICES

The University of California Medical School has received notification that Dr. C. v. Pirquet has been obliged to forego his western trip and that his lecture engagements are therefore cancelled.

Important—

CONVENTION PROGRAM will be closed and go to press the first week in February.

NEPHRECTOMY IN HUNCHBACKS—WITH REPORT OF TWO CASES

By CHAS. D. LOCKWOOD, M. D., Pasadena

Surgeons who have preformed nephrectomy on the hunchbacked will, I am sure, testify to the extreme difficulty attending this operation in patients suffering with this deformity. It has been my duty to operate two such cases and the difficulties encountered in technique, as well as the unusually interesting features characterizing both cases, seemed sufficient justification for this paper.

Not only is the ordinary technique of lumbar nephrectomy quite impossible in these cases, but there are grave difficulties accompanying the abdominal route. In persons suffering with kyphosis the lower ribs overlap the crest of the ileum and the intercostal spaces are so narrowed that no room is left for adequate exposure of the kidney. The abdominal route, which presents the only feasible approach, is also greatly complicated by the deformity. The antero posterior diameter of the abdominal cavity is greatly deepened and there is a corresponding shortening of the longitudinal diameter. The kidney is carried well up into the concavity opposite the kyphosis and this renders it quite inaccessible.

The great shortening of the longitudinal diameter of the abdominal wall renders the ordinary rectus incision inadequate. If the incision is carried farther out, the overhanging ribs and the crest of the ileum so encroach upon the available space as to render such an incision useless. These difficulties are best met by a combined outer rectus incision and a transverse incision following the lower border of the ribs as far out as possible. The overhanging ribs are then lifted upward by broad powerful retractors. The retroperitoneum is now slit, the ureter ligated and the kidney dislocated toward the medium line. The renal vessels are next clamped and divided. Especial difficulty is encountered in ligating the vessels, inasmuch as this step in the operation, as well as the others, is done almost entirely by touch. If drainage is indicated it is best secured by means of a stab wound retroperitoneally between the ribs.

CASE REPORTS

Case I.—C. A. St. A. Age 52. Occupation, barber. Family history, good; both parents lived to be over seventy-five years of age. Habits good. No venereal infection. At age of thirty developed Pot's disease of the spine. He was treated by Dr. Gillette of St. Paul, and his spine lesion healed, leaving a marked kyphosis.

His chief complaint was frequent and painful urination. Once or twice he had noticed a little blood in his urine. He was conscious of his left side, especially if he caught cold. It was heavy and painful at times.

Examination: Anemic-looking, hunchbacked. Chest negative except for deformity. Abdomen negative. Per rectum, hard slightly movable insensitive prostate. Number fifteen Franch catheter passed without difficulty. Two ounces of cloudy urine withdrawn. Circulation fair. Blood pressure, 140. Cystoscopic examination: Two attempts were made to catheterize the ureters, but owing to great deformity and sensitiveness of the bladder, they were unsuccessful. A good view, however, was obtained of both ureteral orifices. The left orifice was oedematous and ulcerated; the right, normal except for slight relaxation and pouting. Left nephrectomy was determined upon. The

root of a tooth, or in the tonsils, or any other place.

We do know that we have hereditary and so-called acquired gout. Acquired gout is the development of gout, by food, habits, etc., only when there is a gouty diathesis. We know that age, occupation, clothing, diet habits, etc., are potent factors that make for gout. Those of us who have practiced medicine for many years, know that many persons overeat, drink freely, live an irregular and dissolute life, often not a sound tooth in their mouth, and no gout because there was no gouty diathesis. My own experience and belief is, that it is not red or dark meat, or duck or turkey protein food, or strawberries, etc., or the quality, but the quantity of food, drink, etc., that makes for gout. Those who eat and drink sparingly, live a careful, well regulated life, may often avoid hereditary gout and will surely avoid acquired gout.

When the etiology of a disease is unknown, it behooves the physician to be wary in prescribing or proscribing certain articles of food. He must be guided by clinical experience. And here, again, the physician should be particularly on his guard who depends upon clinical experience. The influence of the mind on the body, especially the sick body, is such that the physician is often honestly deceived in ascribable cures to his remedies, and draws erroneous conclusions as to the cause of the disease. For instance, before we knew anything of the etiology of phthisis, how many theories of its etiology and cures were advocated and believed. It would be appalling, if we could only know the number of stomachs that have been injured by bicarbonate of soda and the prolonged use of alkaline mineral water to neutralize the uric acid in the blood of gouty people. Some physicians learn by years of experience that to be conservatively progressive is wisdom.

An old Scotch physician listened very attentively to a young physician's enthusiastic account of a discovery of a new remedy with which he had cured three patients, thought to be incurable. The young physician was very anxious for his senior to adopt the new remedy. The old physician said, "I'll jest bide-a-wee tie you cure more patients." The etiology of gout will be discovered some time. It may be that the time will come when gout will only remain as a memory—as a disease that was and is not. Who knows?

Gout would seem to be a disease of many relations, judging from the term in use. We speak of rheumatic gout, gouty arthritis, gouty phlebitis, gouty critis, gouty nephritis, gouty bronchitis, gouty asthma, etc. May I not say, while the etiology of gout is unknown, it behooves us to rely on empirical remedies, established by clinical experience, combined with the treatment of the patient. Is there any relation of gout to pernicious anemia? Has every case of pernicious anemia a gouty diathesis?

GENERAL SESSION AND SECTION OFFICERS FOR THE 1922 MEETING OF THE STATE SOCIETY

The list of the officers of the general sessions and the various sections of the State Society is published below, so that members desiring to contribute papers may have the names and addresses of the proper officers of the section in which they are interested. Members desiring to present papers should communicate without delay with the chairman and secretary of the appropriate section, because the program is getting well under way and will be closed and go to press the first week in February.

The Secretary of the State Society, as chairman of the General Program Committee, invites correspondence and suggestions regarding any phase of the 1922 program.

GENERAL SESSIONS

Chairman, Dr. John H. Graves, President of the Society, 977 Valencia Street, San Francisco.
Secretary, Dr. W. E. Musgrave, Chairman of the Program Committee, 912 Butler Building, San Francisco.

SECTION ON TECHNICAL SPECIALTIES

Chairman, Dr. Ray Lyman Wilbur, President Stanford University.
Secretary, Dr. Charles T. Sturgeon, Merritt Building, Los Angeles.

SECTION ON MEDICAL ECONOMICS, EDUCATION AND PUBLIC HEALTH
(League for the Conservation of Public Health)

Chairman, Dr. Dudley Smith (President League for the Conservation of Public Health), Thomson Building, Oakland.
Secretary, Dr. W. T. McArthur (Secretary League for the Conservation of Public Health), Security Building, Los Angeles.

SECTION ON INDUSTRIAL MEDICINE AND SURGERY

Chairman, Dr. E. W. Cleary, 177 Post Street, San Francisco.
Secretary, Dr. Packard Thurber, 906 Black Building, Los Angeles.

SECTION ON RADIOLOGY
(Roentgenology and Radium Therapy)

Chairman, Dr. Albert Soiland, 527 West Seventh Street, Los Angeles.
Secretary, Dr. H. E. Ruggles, Butler Building, San Francisco.

SECTION ON PATHOLOGY AND BACTERIOLOGY

Chairman, Dr. William Ophuls, Stanford University Medical School, San Francisco.
Secretary, Dr. Roy W. Hammack, Brockman Building, Los Angeles.

SECTION ON GENERAL MEDICINE

Chairman, Dr. Joseph M. King, Brockman Building, Los Angeles.
Secretary, Dr. E. S. Kilgore, 391 Sutter Street, San Francisco.

SECTION ON PEDIATRICS

Chairman, Dr. William Palmer Lucas, University Hospital, San Francisco.
Secretary, Dr. Hugh K. Berkley, Brockman Building, Los Angeles.

SECTION ON NEUROPSYCHIATRY

Chairman, Dr. Walter F. Schaller, 909 Hyde Street, San Francisco.
Secretary, Dr. W. B. Kern, Brockman Building. Los Angeles.

SECTION ON GENERAL SURGERY

Chairman, Dr. Charles D. Lockwood, 295 Markham Place, Pasadena.
Secretary, Dr. Edmund Butler, Butler Building, San Francisco.

SECTION ON EYE, EAR, NOSE AND THROAT

Chairman, Dr. Frank A. Burton, Watts Building, San Diego.
Secretary, Dr. Harvard McNaught, Butler Building, San Francisco.

SECTION ON UROLOGY

Chairman, Dr. George W. Hartman, 999 Sutter Street, San Francisco.
Secretary, Dr. Louis Clive Jacobs, 462 Flood Building, San Francisco.

SECTION ON ORTHOPEDIC SURGERY

Chairman, Dr. W. W. Richardson, Brockman Building, Los Angeles.
Secretary, Dr. G. J. McChesney, Flood Building, San Francisco.

SECTION ON ANESTHESIOLOGY

Chairman, Dr. Mary E. Botsford, 807 Francisco Street, San Francisco.
Secretary, Dr. Eleanor Seymour, 308 Consolidated Realty Building, Los Angeles.

SECTION ON GYNECOLOGY AND OBSTETRICS

Chairman, Dr. Harry M. Voorhees, Brockman Building, Los Angeles.
Secretary, Dr. L. A. Emge, Stanford University Hospital, San Francisco.

California Association of Medical Social Workers

(Reported by Miss Edna J. Shirpsey, secretary)

The Association held a meeting in the rooms of the San Francisco County Medical Society October 21, and another meeting on November 18. The former meeting was addressed by Mrs. John Collier on "Health Habits of Children," and the latter meeting by Dr. William R. P. Emerson on "Nutrition." Miss Margarite Wales, chief social worker of the Stanford University Medical School and Hospital, discussed the aims and purposes of the organization of medical social workers.

The speaker emphasized the importance of developing the medical aspects of social work. The great advantage of co-ordinating the work of medical social workers and the early organization of these workers with the medical profession was emphasized. Medical progress in the prevention and cure of disease must go forward as team work under the leadership of the medical profession, if it is to fulfill its function of securing the greatest good to the greatest number from the services of physicians and to protect the members of the medical profession against wasted effort and misuse of their services.

"It is especially important for medical social workers to get together, not only to work out the problems that belong so definitely to their particular province, but some opportunity must be offered for them to hear the opinions of their co-workers in the medical profession."

"For some years social work in general has had a distinct place in the college curriculum." Medical social work is much more recent, and such a course is, at present, offered in only one medical school in this country.

At the business meeting of the association, Dr. Ray Lyman Wilbur of Stanford University Hospital and Dr. W. E. Musgrave were voted honorary members of the California Association of Medical Social Workers.

Dr. Edna L. Barney, Edna F. McInerney, Marion Maxwell, Ottilie Haas, Dr. Jessica Peixotto, Rose Steinhart, Lucy Ward Stebbins, Olive McGinnis, Regina P. Horton, Sophie Mersing, Katherine Wynne, Margaret Surmoundt were elected to membership.

DEATHS

Woolley, Frederick Marion. Died in St. Helena, Calif., November 15, 1921. Was a graduate of the College of Osteopathic Phy. and Surg., Los Angeles, Calif., 1917. Licensed in California 1920.

Smith, George Sidney. Died in Half Moon Bay, Calif., November 21, 1921. Was a graduate of University of California 1879. Licensed in California 1880.